

Exhibit - H

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: BOP, South Central Regional Office U.S. Armed Forces Reserve Complex, 344 Marine Forces Dr. Grand Prairie, TX 75051; U.S.M.S. CS-3 15th Floor Washington, D.C. 20530 (434); Cimarron Correctional Facility / CCA, 3200 S. Kings Hwy Cushing, O.K. 74023		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Orin Kristich P.O. Box 24550 Tucson, A.Z. 85734			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 5-23-1980	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT Dec, 25, 2021	7. TIME (A.M. OR P.M.) 4 Am	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)  Please see additional pages					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) N/A					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  Please See additional Pages.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
D/O Guerton D/O Jaurigi		Cimarron Correctional Facility / CCA 3200 S. Kings Hwy Cushing O.K. 74023			
12. (See instructions on reverse.) <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$1,000,000 Per Agency	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$3,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) Orin Kristich		13b. Phone number of person signing form N/A		14. DATE OF SIGNATURE 1-2-2022	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <span style="float: right;"><input checked="" type="checkbox"/> No</span>	
N/A	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. If deductible, state amount.
N/A	N/A
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)	
N/A	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <span style="float: right;"><input checked="" type="checkbox"/> No</span>	
N/A	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>A. CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</b></p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item #12 of this form.</p> </div> <div style="width: 48%;"> <p><b>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</b></p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p><b>A. Authority:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p><b>B. Principal Purpose:</b> The information requested is to be used in evaluating claims.</p> <p><b>C. Routine Use:</b> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p><b>D. Effect of Failure to Respond:</b> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p>	
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

Exhibit - H-2

Basis of Claim:

The above Defendants deprived Mr. Kristich of his right to seek medical treatment, after being made aware of, and being told about his medical emergency. This right is found in the defendant handbook, and is Mr. Kristich's right under the Eighth Amendment of the United States Constitution. The above deprived Mr. Kristich of his right to access medical care. This is Mr. Kristich's right under the Eighth Amendment of the United States Constitution and is found in the defendant's handbook. (Cruel and Unusual treatment and cruel and unusual punishment.) Mr. Kristich was locked in a cell in unit F.C. for over 24 hours after his injury. (For about 15 hours there were no officers making well-fair checks; they did not even serve food on Dec 25, 2021.) By the time an officer was told about the injury it was 12 am or so on Dec 26, 2021. (Because of the lack of well-fair checks on Dec 25, 2021.) Nurse Casady and Nurse Foster, by order of Dr. Crain; left Mr. Kristich in the cell after being told multiple times by D/O Overton that Mr. Kristich was in extreme pain, and needed treatment. Moreover, Warden Dickerson, and Dr. Crain did not even try to send Mr. Kristich to the Hospital until after 30 hours of extreme pain, and suffering, with no response from medical staff.

Orin Kristich  
Name

1-2-2022  
Date

Orin Kristich  
Signature

Exhibit - H-3

## Appropriate Federal Agency:

① B.O.P. South Central Regional Office, U.S. Armed Forces Reserve Complex, 344 Marine Forces RD, Grand Prairie T.X. 75051

② 436 CS-3 15<sup>th</sup> Floor Washington, D.C. 20530  
(U.S.M.S.)

③ Cimarron Correctional Facility / C.C.A., 3200 So Kings Hwy, Cushing, O.K. 74023

## Identifying persons involved: Place of occurrence

- ① Warden Dickerson (Cimarron Correctional Facility) C.C.A.
- ② Dr. Crain (Cimarron Correctional Facility) C.C.A.
- ③ Nurse Casady (Cimarron Correctional Facility) C.C.A.
- ④ Nurse Foster (Cimarron Correctional Facility) C.C.A.

State the Nature and Extent Of Each Injury:

- ① Deprivation of rights (\$50,000<sup>00</sup> per defendant; per right.)
- ② Lack of medical treatment; leading to life long pain and suffering (\$100,000 per defendant)
- ③ Lack of medical care after a medical emergency (injury) (\$100,000 per defendant.)
- ④ 30 hours of extreme pain and suffering with no response from medical staff (\$100,000 per defendant.)
- ⑤ Nerve and muscle damage due to lack of medical treatment and lack of medical care (\$100,000 per defendant.)
- ⑥ Abuse and Neglect of a prisoner by not responding to a medical emergency (After being told multiple times by Officers Overton and Janregi) leading to extreme pain and suffering for 30 hours or more. (\$100,000 per defendant.)
- ⑦ Medical Malpractice leading to long term nerve damage and muscle damage (an injury because of the lack of medical treatment and care to Mr. Kristochs dislocated shoulder.) (\$100,000 per defendant.)
- ⑧ Cruel and Unusual punishment (\$50,000 per defendant.)
- ⑨ Cruel and Unusual treatment (\$50,000 per defendant.)

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⑩ Intentional Infliction of Emotional Distress (\$100,000 per defendant.)

⑪ Intentional Infliction of Mental Distress (\$100,000 per defendant.)

⑫ Intentional Infliction of extreme physical pain (\$100,000 per defendant.)

⑬ Life long pain and suffering (\$100,000 per defendant.)